227072

STATE OF SOUTH CAROLINA	
(Caption of Case) Example: Application for a Class C Charter Certificate from) BEFORE THE) PUBLIC SERVICE COMMISSION) OF SOUTH CAROLINA
John Doe dba Doe's Limo) TRANSPORTATION COVER SHEET
Application for New Class C Charter) DOCKET NUMBER: 20/0 - 396 - T
;	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) VC Submitted by: Jeffery Todd Richards	Telephone: (843)907-3249
Address: 1643 Landing Road	Fax:
Myrtle Beach, SC 29577	Other:
	Email:
NOTE: The cover sheet and information contained herein neither as required by law. This form is required for use by the Public So be filled out completely.	replaces nor supplements the filing and service of pleadings or other papers ervice Commission of South Carolina for the purpose of docketing and must
NATURE OF AC	TION (Check all that apply)
Application - Class A/A Restricted	COPY Request for Name Change on Certificate
Application - Class C Taxi Posted:	
Application - Class C Charter	a de de la companya del la companya de la companya
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Q/2//0 Request
Application - Class C Stretcher Van	 .
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	
Request for Extension to Comply with Order	Proposed Order Publisher's Affidanit Reservation Letter
Request for Order Granting Authority to Obtain a Certifi	cate Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: 12/02/10
C	LASS C - CHARTER
	oplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
t	
	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name. Jeffrey Todd: Richards
,	dba: Jeffrey Companies
	Street Address of Applicant
•	1643 Landing Road, Myrtle Beach, SC 29577 Mailing Address of Applicant if different from street address
	Phone Fax
	Email Address
2.	If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one)
-,	Individual Owner/Sole Proprietorship
	Partnership - List names and address of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.
	·

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

	Balance at Time Application is Filed: Month Year				
Assets:					
Cash	1,500.00				
Receivables					
Real Estate					
Buildings and Equipment (Net)					
Motor Vehicles (Net)	,				
Garage Equipment (Net)					
Machinery and Tools (Net)					
Supplies on Hand					
Prepaids and Other Assets					
Total Assets					
Liabilities and Equity:					
Accounts Payable					
Notes Payable	,				
Mortgages Payable					
Equipment Obligations					
Accrued Salaries and Wages					
Other Accrued Obligations					
Other Liabilities	:				
Total Liabilities					
Capital Stock					
Retained Earnings					
Total Equity					
Total Liabilities and Equity	1,500.00				

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:			
\$2.80 per mile			
Counties to be Served:			
Unlimited .			
laximum Number of Passengers per Vehicle: 15			

DESCRIPTION OF EQUIPMENT

	MAKE	;	YEAR & MOI	DEL				'IN#			WEIGHT EMPTY		EATING APACITY
	to	be	determine	at	a	later	date						15
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INSURANCE QUOTE

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

	•
The following insurance quote is for:	•
Jeffrey Todd Richards, db	oa: Jeffrey Companies
	Name of Motor Carrier
1643 Landing Road, Myrtle	Beach, SC 29577
	Address of Motor Carrier
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 2,606.00	Limits300,000 CSL (Est)
The above quoted premium is for a term	of 12 months.
Minimum Limits - Intrastate Only:	
1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000
Starnet Insurance Com	pany
	Name of Insurance Company
c/o 5Star Specialty Pr	rograms, 158 N. Harbor City Boulevard, Melbourne, Fl 32935
H	Iome Office Address of Company
I am familiar with the Commission's Rule meets the minimum insurance limits preso South Carolina Department of Insurance to	s and Regulations relating to insurance requirements and the above quote cribed. The insurance company making this quote is authorized by the o do business in South Carolina.
12/02/10	Joseph B. Brandy
Date	Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

	Jēffrey l	odd Richards,	dba: Jeffrey Companies
			Name of Applicant
1	Are there currently anyYes	outstanding judgmen No	nts against the Applicant?
	If Yes, indicate nature	of judgement(s) agair	ost applicant.
			•
			; 1
	•		
_			•
2.	Is Applicant familiar with carrier operations in Sou statutes and regulations?	ith South Carolina, an	ulations, including safety regulations and governing for-hire motor ad does Applicant agree to operate in compliance with these
	Ves Yes	O No	
3.	Is Applicant aware of the therewith?	e Commission's insur	ance requirements and the insurance premium costs associated
		O No	

Exhibit on Driver Qualifications

. Applicant understa	nds that all drivers must be a minimum of 18 years of age.
Yes	O No
be maintained in th	nds that a certified copy of the driver's three (3) year driving record issued by the SC DMV m the DMV of the state in which the driver is or has been domiciled for such period must e Applicant's business office.
Yes	○ No
Applicant understar	ds that a criminal history background check from the state where the driver currently lives in the Applicant's business office.
Yes	O No
meir possession wn	ds that all drivers operating a vehicle under a Class C Charter Certificate must have in operating a charter vehicle, a valid driver's license issued by the SC DMV or the current the driver.
① Yes	O No
veincles to arivers v	ds that all Class C Charter Certificate holders are prohibited from employing or leasing tho are registered, or required to be registered, as sex offenders with the South Carolina ent Division or any national registry of sex offenders. No
	Applicant understand and such record from be maintained in the Yes Applicant understand must be maintained Yes Applicant understand their possession whe state of residence of Yes Applicant understand vehicles to drivers we State Law Enforcement

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations of Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance

•	
STATE OF SOUTH CAROLINA) COUNTY OF Horry)	Ment Signature
I,Jeffrey_Todd Richards Name of Applicant's Representative ofJeffrey_Companies	Owner Title
	Applicant renience and Necessity as set forth in the foregoing, swear or e application are true and correct.
SWORN TO BEFORE ME This 2 day of December 2010	Signature of Applicant's Representative
Notary Public Commission Expires 9/12/15	